

**U.S. DISTRICT COURT FOR THE NORTHERN DISTRICT OF ILLINOIS
ATTORNEY APPEARANCE FORM**

NOTE: In order to appear before this Court an attorney must either be a member in good standing of this Court's general bar or be granted leave to appear *pro hac vice* as provided for by Local Rules 83.12 through 83.14.

In the Matter of

ASSET ALLOCATION AND MANAGEMENT CO., LLC,
Plaintiff,

v.

PHYSICIANS MUTUAL INSURANCE COMPANY and
PHYSICIANS LIFE INSURANCE COMPANY, Defendants.

Case Number:

FILED: AUG. 07, 2008

08CV4471

JUDGE DARRAH

MAGISTRATE JUDGE ASHMAN

AEE

AN APPEARANCE IS HEREBY FILED BY THE UNDERSIGNED AS ATTORNEY FOR:

Asset Allocation and Management Co., LLC

NAME (Type or print) Kenneth M. Kliebard	
SIGNATURE (Use electronic signature if the appearance form is filed electronically) s/ Kenneth M. Kliebard	
FIRM Howry LLP	
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CITY/STATE/ZIP Chicago, Illinois 60654	
ID NUMBER (SEE ITEM 3 IN INSTRUCTIONS) 6201479	TELEPHONE NUMBER (312) 595-1239
ARE YOU ACTING AS LEAD COUNSEL IN THIS CASE? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
ARE YOU ACTING AS LOCAL COUNSEL IN THIS CASE? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
ARE YOU A MEMBER OF THIS COURT'S TRIAL BAR? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
IF THIS CASE REACHES TRIAL, WILL YOU ACT AS THE TRIAL ATTORNEY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
IF THIS IS A CRIMINAL CASE, CHECK THE BOX BELOW THAT DESCRIBES YOUR STATUS. RETAINED COUNSEL <input type="checkbox"/> APPOINTED COUNSEL <input type="checkbox"/>	